

DAFTAR PUSTAKA

1. Dorland WAN. Kamus Kedokteran Dorlan. 31st ed. Jakarta: EGC; 2010.
2. Aminov RI. A Brief History of the Antibiotic Era: Lessons Learned and Challenges for the Future. *Front Microbiol.* 2010;1(December):134.
3. Davies J, Davies D. Origins and Evolution of Antibiotic Resistance. *Microbiol Mol Biol Rev.* 2010;74(3):417–433.
4. Goossens H, Ferech M, Vanderstichele R, Elseviers M. Outpatient Antibiotic Use in Europe and Association with Resistance: A Retrospective Database Study. *Lancet.* 2005;01(Ddd):579–587.
5. Bray J. Use Antibiotics in Surgical Patients. *Companion.* :15–19.
6. Grigoryan L, Burgerhof JGM, Degener JE, Deschepper R, Lundborg CS, MOnnet DL, et al. Attitudes, Beliefs and Knowledge Concerning Antibiotic Use and Self-Medication: A Comparative European Study. *Pharmacoepidemiol Drug Saf.* 2009;18:1150–1157.
7. Hadi U, Kolopaking EP, Gardjito W, Gyssens IC, Broek PJ van den. Antimicrobial Resistance and Antibiotic Use in Low-Income and Developing Countries. *Folia Medica Indones.* 2006;42(3 July - September):183–195.
8. U.S. Congress Office of Technological Assessment. Impacts of Antibiotic-Resistant Bacteria. Washington D.C: U.. Government Printing Office; 1995.
9. Mauldin PD, Salgado CD, Hansen IS, Durup DT, Bosso J a. Attributable Hospital Cost and Length of Stay Associated with Health Care-Associated Infections Caused by Antibiotic-Resistant Gram-Negative Bacteria. *Antimicrob Agents Chemother.* 2010;54(1):109–115.
10. Primary Surgery: Volume One: Antibiotic in Surgery [Internet]. [cited 2015 Feb 11]; Available from: <http://www.meb.uni-bonn.de/dtc/primsurg/docbook/html/x615.html>
11. Ercole FF, Franco LMC, Macieira TGR, Wenceslau LCC, Resende HIN De, Chianca TCM. Risk of Surgical Site Infection in Patients Undergoing Orthopedic Surgery. *Rev Lat Am Enfermagem.* 2011;19(6):1362–1368.
12. Ilić M, Marković-Denić L. Nosocomial Infections Prevalence Study in a Serbian University Hospital. *Vojnosanit Pregl [Internet].* 2009 Nov [cited 2015 Mar 14];66(11):868–75.

13. Campbell KA, Stein S, Looze C, Bosco JA. Antibiotic Stewardship in Orthopaedic Surgery : Principles. *Juornal Am Acad Orthopeadics Surg [Internet]*. 2014;22:772–781.
14. Antibiotic Stewardship : Principles of Antibiotic Stewardship [Internet]. [cited 2015 Feb 13]; Available from: <http://orthosurgery.med.nyu.edu/research/clinical-research/center-quality-and-patient-safety/our-projects/antibiotic-stewardship>
15. Whitehouse JD, Friedman ND, Kirkland KB, Richardson WJ, Sexton DJ. The Impact of Surgical-Site Infections Following Orthopedic Surgery at A Community Hospital and A University Hospital: Adverse Quality of Life, Excess Length of Stay, and Extra Cost. *Infect Control Hosp Epidemiol*. 2002;23:183–189.
16. Utami R. Hubungan Motivasi Perawat dengan Pemberian Obat di Ruang Rawat Hubungan Motivasi Perawat dengan Pelaksanaan Prinsip 12 Benar Dalam Pemberian Obat di Ruang Rawat Inap RSU dr. H. Koesnadi Kabupaten Bondowoso. Jember: 2014.
17. Lestari YN. Pengalaman Perawat dalam Menerapkan Prinsip Enam Benar dalam Pemberian Obat di Ruang Rawat Inap Rumah Sakit Mardi Rahayu Kudus. Semarang: 2010.
18. O’Shea E. Factors Contributing to Medication Errors : A Literature Review. *J Clin Nurs*. 1999;8:496–504.
19. Odukoya OK, Stone JA, Chui MA. E-Prescribing Errors in Community Pharmacies : Exploring Consequences and Contributing Factors. *Int J Med Inform [Internet]*. 2014;83(6):427–437.
20. Hartel MJ, Staub LP, Röder C, Eggli S. High Incidence of Medication Documentation Errors in A Swiss University Hospital Due to the Handwritten Prescription Process. *BMC Health Serv Res*. 2011;(11):199.
21. Hadi U, Duerink DO, Lestari ES, Nagelkerke NJ, Keuter M, Huis In’t Veld D, et al. Audit of Antibiotic Prescribing in Two Governmental Teaching Hospitals in Indonesia. *Clin Microbiol Infect*. 2008;14:698–707.
22. Byarugaba DK. Antimicrobial Resistance in Developing Countries and Responsible Risk Factors. *Int J Antimicrob Agents*. 2004;24:105–110.
23. Directorate General of Medical Care Ministry of Health Republic of Indonesia. Antimicrobial Resistance, Antibiotic Usage and Infection Control. 2010.
24. Ansari F, Gray K, Nathwani D, Phillips G, Ogston S, Ramsay C, et al. Outcomes of an Intervention to Improve Hospital Antibiotic Prescribing: Interrupted Time Series with Segmented Regression Analysis. *J Antimicrob Chemother*. 2003;52(5):842–848.
25. CDC. Antimicrobial Use and Resistance (AUR) Module. 2014;(January):1–37.

26. Tim Penyusun. Pedoman Penggunaan Antibiotik RSUP Dr. Kariadi. 1st ed. Semarang: Universitas Diponegoro Semarang; 2007.
27. Boundless. Antibiotic Classification [Internet]. *Boundless Microbiol.* [cited 2015 Feb 13]; Available from: <https://www.boundless.com/microbiology/textbooks/boundless-microbiology-textbook/antimicrobial-drugs-13/overview-of-antimicrobial-therapy-153/antibiotic-classifications-775-4905/>
28. Antibiotic : Types and Side-Effects [Internet]. 5 May 2007. [cited 2015 Feb 14]; Available from: <http://www.emedexpert.com/classes/antibiotics.shtml>
29. Michigan State University. Pharmacology Module [Internet]. 2011 [cited 2015 Feb 14]; Available from: <http://amrls.cvm.msu.edu/pharmacology/antimicrobials/antibiotics-of-veterinary-importance/beta-lactam-antibiotics>
30. Wikipedia. Penicillin-Binding Protein [Internet]. 29 Oct. 2014. [cited 2015 Feb 14]; Available from: http://en.wikipedia.org/wiki/Penicillin_binding_proteins
31. Hayat K. Classification of Penicillin Antibiotic [Internet]. 30 April 2013. [cited 2015 Feb 14]; Available from: <http://medimoon.com/2013/04/classification-of-penicillin-antibiotics/>
32. Itokazu G. Penicillins [Internet]. [cited 2015 Feb 14]; Available from: <http://www.uic.edu/pharmacy/courses/pmpr342/itokazu/penicillins.html>
33. Laras NW. Kuantitas Penggunaan Antibiotik di Bangsal Bedah dan Obstetri Ginekologi RSUP Dr. Kariadi Setelah Kampanye PP-PPRA. Semarang: 2012.
34. Hermawan Nagar Rasyid. Prinsip Pemberian Antibiotik Profilaksis pada Pembedahan. Bandung: 2008.
35. Periti P, Mini E, Mosconi G. Antimicrobial Prophylaxis in Orthopaedic Surgery : The Role of Teicoplanin. *J Antimicrob Chemother.* 1998;41:329–340.
36. Greene LR, Mills R, Moss R, Sposato K, Vignari M. Guide to the Elimination of Orthopedic Surgical Site Infections. Washington D.C: 3M; 2010.
37. Weber W, Marti W, Zwahlen M. The Timing of Surgical Antimicrobial Prophylaxis. *Ann Surg.* 2008;247(26):918.
38. Steinberg J, Braun B, Hellinger W. Timing of Antimicrobial Prophylaxis and the Risk of Surgical Site Infection: Results from the Trial to Reduce Antimicrobial Prophylaxis Errors. *Ann Surg.* 2009;250:10.
39. Bratzler DW, Dellinger EP, Olsen KM, Perl TM, Auwaerter PG, Bolon MK, et al. Clinical Practice Guidelines for Antimicrobial Prophylaxis in Surgery. *Am J Heal Pharm.* 2013;70:195–283.

40. Hauser C, Adams C, Eachempati S. Surgical Infection Society Guideline: Prophylactic Antibiotic Use in Open Fractures: an Evidence-Based Guideline. *Surg Infect (Larchmt)*. 2006;7(405):379.
41. Jaeger M, Maier D, Kern M. Antibiotics in Trauma and Orthopedic Surgery—A Primer of Evidence-Based Recommendations. *Injury*. 2006;37:74–80.
42. Yeap JS, Lim JW, Vergis M, Au Yeung PS, Chiu CK, Singh H. Prophylactic Antibiotics in Orthopaedic Surgery: Guidelines and Practice. *Med J Malaysia*. 2006;61(2):181–188.
43. Purghel F, Badea R, Ciuvica R, Anastasiu A. The Use of Antibiotics in Traumatology and Orthopaedic Surgery. *Medica [Internet]*. 2006;1(3):58–65.
44. Prokuski L. Prophylactic Antibiotics in Orthopaedic Surgery. *J Am Acad Orthop Surg [Internet]*. 2008 May 1 [cited 2015 Mar 18];16(5):283–293. Available from: <http://www.jaaos.org/content/16/5/283.abstract>
45. P Thejeswi, D Shenoy, L Tauro SR. Comparative Study of One-Day Perioperative Antibiotic Prophylaxis versus Seven-Day Postoperative Antibiotic Coverage in Elective Surgical Cases. *Internet J Surg [Internet]*. 2012;28(2). Available from: <https://ispub.com/IJS/28/2/14123>
46. Lundine KM, Nelson S, Buckley R, Putnis S, Duffy PJ. Adherence to Perioperative Antibiotic Prophylaxis among Orthopedic Trauma Patients. *Can J Surg*. 2010;53(6):367–372.
47. Sosa A de J, Byarugaba DK, Bile-Cuevas CFA, Hsueh P-R, Kariuki S, Okeke IN. Antimicrobial Resistance in Developing Countries. New York: 2010.
48. Shears P. Antibiotic Resistance in the Tropics. *R Soc Trop Med Hyg*. 2000;95:127–130.
49. Gentry LO. Bacterial Resistance. *Orthop Clin North Am*. 1991;22:379–388.
50. Filius PMG, Liem TBY, van der Linden PD, Janknegt R, Natsch S, Vulto a. G, et al. An Additional Measure for Quantifying Antibiotic Use in Hospitals. *J Antimicrob Chemother*. 2005;55(April):805–808.
51. Curtis C. Indicators for the Monitoring of Antibiotic Use. *J Infect Prev*. 2010;11(4):124–126.
52. Mertsz D. Comparing Days of Therapy (DOT) and Defined Daily Doses (DDD) as Risk Factor for Antimicrobial Resistance in A Multi-Level Model. 2011;94.
53. De With K, Maier L, Steib-Bauert M, Kern P, Kern W V. Trends in Antibiotic Use at a University Hospital: Defined or Prescribed Daily Doses? Patient Days or Admissions as Denominator? *Infection*. 2006;34(2):91–94.

54. Kotwani A, Wattal C, Katewa S, Joshic PC, Holloway K. Factors Influencing Primary Care Physicians to Prescribe Antibiotics in Delhi India. *Fam Pract.* 2010;27(July):684–690.
55. Elldy G. Audit Kepatuhan Bagian Logistik Instalasi Farmasi Studi Kasus pada RSUP Dr. Kariadi Semarang. Salatiga: 2014.
56. Buul LW Van, Steen JT Van Der, Doncker SMMM, Achterberg WP, Schellevis FG, Veenhuizen RB, et al. Factors Influencing Antibiotic Prescribing in Long-Term Care Facilities : A Qualitative in-Depth Study. *BMC Geriatr.* 2014;14(136):1–11.
57. Kisa S. Factors that Influence Prescribing Decisions among Turkish Physicians. *Clin Res Regul Aff.* 2006;23:177–189.
58. De Souza V, MacFarlane A, Murphy AW, Hanahoe B, Barber A, Cormican M. A Qualitative Study of Factors Influencing Antimicrobial Prescribing by Non-Consultant Hospital Doctors. *J Antimicrob Chemother.* 2006;58(August):840–843.
59. Zolaly MA, Hanafi MI. Factors Affecting Antibiotics' Prescription in General Pediatric Clinics. *J Taibah Univ Med Sci [Internet].* 6(1):33–41.
60. Ecker L, Ochoa TJ, Vargas M, Del Valle LJ, Ruiz J. Factors affecting caregivers' use of antibiotics available without a prescription in Peru. *Pediatrics [Internet].* 2013;131(6):e1771–9.
61. Sugiarto EV. Deskripsi dan Eksplorasi Fakto-Faktor yang Mempengaruhi Penggunaan Antibiotik Generik di Apotek K24 Wiyung dan Karah Agung Surabaya. Surabaya: 2014.
62. Maksum R, Nurgani A, Endang P, Farmasi J, Sains I, Farmasi D, et al. Faktor yang Mempengaruhi Ketidaksesuaian Penggunaan Antibiotika dengan Uji Kepakaan di Ruang Rawat Intensif Rumah Sakit Fatmawati Jakarta Tahun 2001 – 2002. *Univ Stuttgart.* 2004;8(1):41–48.
63. Rahayu. Pola Kepakaan Kuman pada Kasus - Kasus Infeksi di Bagaian Bedah Orthopedi RSUP Dr. Kariadi Semarang. Semarang: 2014.
64. Farid S, Akter U. Antimicrobial Use and Factors Influencing Prescribing in Medical Wards of A Tertiary Care Hospital in Malaysia. 2012;1(4):274–284.
65. Teixeira Rodrigues A, Roque F, Falcão A, Figueiras A, Herdeiro MT. Understanding Physician Antibiotic Prescribing Behaviour: A Systematic Review of Qualitative Studies. *Int J Antimicrob Agents [Internet].* 2013;41(3):203–212.
66. Tully MP, Ashcroft DM, Dornan T, Lewis PJ, Taylor D, Wass V. The Causes of and Factors Associated with Prescribing Errors in Hospital Inpatients. *Drug Saf.* 2009;32(July 2008):819–836.

67. Anderson BP, Townsend T. Medication Errors : Don't Let Them Happen to You [Internet]. 2010;Available from:
https://www.google.co.id/url?sa=t&rct=j&q=&esrc=s&source=web&cd=2&cad=rja&uact=8&ved=0CCkQFjABahUKEwj6vJHCiPLGAhUSLYgKHS9FBuQ&url=http://www.americannursetoday.com/medication-errors-dont-let-them-happen-to-you/&ei=GkuxVfrHO5LaoASvipmgDg&usg=AFQjCNHy1yG9M_
68. Keers RN, Williams SD, Cooke J, Ashcroft DM. Causes of Medication Administration Errors in Hospitals: A Systematic Review of Quantitative and Qualitative Evidence. *Drug Saf.* 2013;36:1045–1067.
69. World Health Organization (WHO). Topic 11: Improving Medication Safety [Internet]. In: WHO Patient Safety Curriculum Guide for Medical Schools. Geneva: WHO Press; 2009. p. 229–244.Available from:
www.who.int/patientsafety/education/curriculum/who_mc_topic-11.pdf
70. Koppel R, Wetterneck T, Telles J, Karsh B. Workarounds to Barcode Medication Administration Systems: Their Occurrences, Causes, and Threats to Patient Safety. *J Am Med Inf Assoc.* 2008;15(4):408–423.
71. Indonesia : Tren Sosial dan Ketenagakerjaan Agustus 2014. 2015.
72. Wuryantari O. Korelasi Pengendara Sepeda Motor Berstatus Pelajar SMP terhadap Lalu Lintas. 2011;
73. Fitzhenry F, Peterson JF, Arrieta M a, Miller R a. Measuring the Quality of Medication Administration. *AMIA Symp.* 2005;(1):955.
74. Valentin A, Capuzzo M, Guidet B, Moreno R, Metnitz B, Bauer P, et al. Errors in Administration of Parenteral Drugs in Intensive Care Units: Multinational Prospective Study. *BMJ.* 2009;338:b814.
75. Ward KT, Bates-Jensen B, Eslami MS, Whiteman E, Dattoma L, Friedman JL, et al. Addressing Delays in Medication Administration for Patients Transferred from the Hospital to the Nursing Home: A Pilot Quality Improvement Project. *Am J Geriatr Pharmacother [Internet].* 2008;6(4):205–211.
76. Kiekkas P, Aretha D, Karga M, Karanikolas M. Self Report May Lead to Underestimation of “Wrong Dose” Medication Errors. *Br J Clin Pharmacol.* 2009;68:963–964.
77. Washam C. Errors of Omission: Admitting Medical Errors Always Best. *Nurs Hematol Spotlight.* 2011;33(7).
78. Fahimi F, Nazari MA, Abrishami R, Sistanizad M, Mazidi T, Faghihi T, et al. Transcription errors observed in a teaching hospital. *Arch Iran Med.* 2009;12(2):173–175.

79. Koopman E, Nix DE, Erstad BL, Demeure MJ, Hayes MM, Ruth JT, et al. End-of-procedure Cefazolin Concentrations after Administration for Prevention of Surgical-Site Infection. *Am J Heal Pharm.* 2007;64(December 2005):1927–1934.
80. Benjamin DM. Reducing Medication Errors and Increasing Patient Safety: Case Studies in Clinical Pharmacology. *J. Clin. Pharmacol.* 2003;43:768–783.
81. Ou Y, Jing BQ, Guo FF, Zhao L, Xie Q, Fang YL, et al. Audits of the quality of perioperative antibiotic prophylaxis in Shandong Province, China, 2006 to 2011. *Am J Infect Control [Internet].* 2014;42(5):516–520.
82. Ozgun H, Ertugrul BM, Soyder A, Ozturk B, Aydemir M. Perioperative Antibiotic Prophylaxis: Adherence to Guidelines and Effects of Educational Intervention. *Int J Surg [Internet].* 2010;8(2):159–163.
83. Lucet J-C, Nicolas-Chanoine M-H, Roy C, Riveros-Palacios O, Diamantis S, Le Grand J, et al. Antibiotic Use: Knowledge and Perceptions in Two University Hospitals. *J Antimicrob Chemother.* 2011;66:936–940.
84. Press AIN. Antibiotic Overuse: The Influence of Social Norms. *J Am Coll Surg.* 2008;207:265–275.
85. Gillespie WJ, Walenkamp GH. Antibiotic Prophylaxis for Surgery for Proximal Femoral and Other Closed Long Bone Fractures. *Cochrane Database Syst Rev.* 2010;(3):CD000244.
86. Winans S a., Luce a. M, Hasbun R. Outpatient Parenteral Antimicrobial Therapy for the Treatment of Methicillin-susceptible *Staphylococcus aureus*: A Comparison of Cefazolin and Ceftriaxone. *Infection.* 2013;41:769–774.
87. Furukawa S, Muto T, Fukatsu K, Saito H, Matsuda T, Ikeda S. Influences of Type and Duration of Antimicrobial Prophylaxis on an Outbreak of Methicillin-Resistant *Staphylococcus aureus* and on the Incidence of Wound Infection. *Arch Surg.* 1997;132.

Lampiran 1



**KOMISI ETIK PENELITIAN KESEHATAN (KEPK)
FAKULTAS KEDOKTERAN UNIVERSITAS DIPONEGORO
DAN RSUP DR KARIADI SEMARANG**

Sekretariat : Kantor Dekanat FK Undip Lt.3
Jl. Dr. Soetomo 18, Semarang
Telp/Fax. 024-8318350



**ETHICAL CLEARANCE
No. 262/EC/FK-RSDK/2015**

Komisi Etik Penelitian Kesehatan Fakultas Kedokteran Universitas Diponegoro RSUP. Dr. Kariadi Semarang, setelah membacalah Usulan Penelitian dengan judul :

**KUANTITAS PENGGUNAAN ANTIBIOTIK PADA PASIEN
BEDAH ORTOPEDI RSUP DR. KARIADI SEMARANG**

Peneliti Utama : *Anangga Haryanto*

Pembimbing : 1. dr. Agus Priambodo, Sp.B., Sp. OT
2. dr. Endang Sri Lestari, Ph.D

Penelitian : Dilaksanakan di Bagian Rekam Medik RSUP Dr. Kariadi Semarang

Setuju untuk dilaksanakan, dengan memperhatikan prinsip-prinsip yang dinyatakan dalam Deklarasi Helsinki 1975, yang diamendemen di Seoul 2008 dan Pedoman Nasional Etik Penelitian Kesehatan (PNEPK) Departemen Kesehatan RI 2011

Penelitian ini adalah Rekom Medik, jadi tidak memerlukan Informed Consent Peneliti diwajibkan menyertakan :

- Laporan keraiuan penelitian (*clinical trial*)
- Laporan kejadian efek samping jika ada
- Laporan ke KEPK jika penelitian sudah selesai & dilampiri Abstrak Penelitian

Surabaya, 05 MAY 2015

Komisi Etik Penelitian
Fakultas Kedokteran Undip-RS. Dr. Kariadi



Prof. Dr. dr. Suprihati, M.Sc. Sp.IMT.KL(K)
NIP.19500211 197703 2 001

Lampiran 2

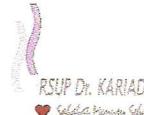


**KEMENTERIAN KESEHATAN RI
DIREKTORAT JENDERAL BINA UPAYA KESEHATAN
RUMAH SAKIT UMUM PUSAT DOKTER KARIADI**

Jl. Dr. Sutomo No. 16 Semarang, PO Box 1104

Telepon : (024) 8413993, 8413476, 8413764 Fax : (024) 8318617

Website : <http://www.rskariadi.co.id> email : humas_rskariadi@yahoo.co.id, rsk@indoseat.net.id



Nomor : DL.00.02 / I.II / 2015

28 JUL 2015

Lamp. :

Perihal : Penelitian

Tembusan Yth :

1. Ka.Inst. Diklat
2. Ka.Inst. Rekam Medis
3. Yang bersangkutan

My Gov. Bagi DATA Untung Untung Untung Pada Pada

Telepon langsung Paviliun Garuda : 024-8453710, Instalasi Penyakit Jantung : 024-8453234
Instalasi Geriatri : 024-8450801, Instalasi Gawat Darurat : 024-8414281

CUM 00010
SK

Judul penelitian : Ruangitas pernyataan tentang pada pasien belum diterapkan RSDP di Kariadi semarang (perbandingan jumlah yang direspon dokter dan diterima pasien)

Pembimbing : 1. dr Agus Priambodo, Sp.B, Sp.OT
2. dr Endang Sri Lestari, Ph.D

pada prinsipnya diizinkan untuk melaksanakan Penelitian di Instalasi Rekam Medis RSUP Dr. Kariadi dengan ketentuan :

- ↳ Waktu pelaksanaan penelitian dapat dilakukan sewaktu hari kerja selama ± 2 bulan, dengan jumlah sampel yang dibutuhkan adalah 50 CM.
- ↳ Peneliti mentaati Pedoman Penelitian RSUP Dr. Kariadi.
- ↳ Sebelum melakukan penelitian, peneliti agar bertemu Kepala Instalasi dan Kepala Ruangan dengan membawa Surat Ijin Penelitian.
- ↳ Tidak mengganggu pelayanan.
- ↳ Memberikan laporan hasil penelitian kepada Bagian Diklit RSUP Dr. Kariadi.

Atas perhatian dan kerjasama Saudara diucapkan terima kasih.



Dr. Agus-Suryanto, Sp.PD-KP, MARS
NIP. 19610818 198812 1 001

Tembusan Yth :

1. Ka.Inst. Diklat
2. Ka.Inst. Rekam Medis
3. Yang bersangkutan

My Gov. Bagi DATA Untung Untung Untung Pada Pada

Telepon langsung Paviliun Garuda : 024-8453710, Instalasi Penyakit Jantung : 024-8453234
Instalasi Geriatri : 024-8450801, Instalasi Gawat Darurat : 024-8414281

CUM 00010
SK

Lampiran 3

SOP Antibiotik usage in hospital

1. Nama antibiotik

- Sesuai dengan instruksi dokter
- Apabila antibiotik diberikan tidak sesuai dengan instruksi dokter, hal tersebut seharusnya dituliskan siapa yang menyediakan antibiotik, perawat (N) atau pasien (Pat)

Contoh: Dokter yang sedang bertugas memberikan Cefotaxime 3x1 gr, tapi pasien membeli Ampicillin (4 hari), hal tersebut diikuti dengan Penicillin Procaine oleh perawat

Nama antibiotik	Dosis harian	1	2	3	4	5	6	7	8	9
1.Cefotaxime	3x1 gr	0	0	0	0	0	0	0	-	-
1.a. Ampicillin (pat)	3x1 gr	3	3	3	3	-	-	-	-	-
1.b. Penicillin Procaine (N)	4x600.000 iu	-	-	-	-	4	4	4	-	-

2. Dosis harian: tuliskan frekuensi dan dosis yang diberikan selama 1 hari
3. Rute: oral, intravena atau suppositoria
4. Tipe terapi (T, P, U)

Ini dapat dilihat berdasarkan rincian masalah atau berita progress atau diagnosis saat pemberian

Terapi (T) dituliskan bila:

- a) Pada rekam medis dokter memberikan pernyataan bahwa antibiotik diberikan untuk terapi
- b) Dokter menuliskan diagnosis penyakit infeksi
- c) Dokter menuliskan tanda klinis dari penyakit infeksi (contoh: demam)

- d) Dokter tidak mencantumkan secara spesifik tentang infeksi, tapi dari rekam medis jelas bahwa ada tanda klinis dari infeksi (contoh: demam) pada hari dimana antibiotik dimulai

Profilaksis (P) dituliskan jika dalam rekam medis dokter secara jelas memberikan antibiotik untuk profilaksis atau antibiotik diberikan tidak lebih dari satu hari dalam hal intervensi

Unknown therapy (U) dituliskan bila tidak ada informasi mengenai pemberian antibiotik tersebut dilakukan untuk terapi atau profilaksis.

5. Indikasi

Ini seharusnya dilihat pada catatan progress dokter atau dapat didiskusikan dengan dokter yang bertugas bila mungkin.

6. Hari penggunaan antibiotik

Jumlah antibiotik seharusnya ditulis sesuai dengan hari dimana pasien menerima antibiotik dengan melihat pada buku perawat, buku injeksi, atau menanyakan langsung kepada pasien (jika pasien dapat ditemui)

Jika kita tidak mengetahui secara tepat (perawat hanya menulis obat telah diberikan) kita harus menulis sebuah tanda Tanya (?)

No	Nama Antibiotik	1	2	3	4	5	6	7	8
1	Ampicillin inj .3x1 gr	3	2	-	-	-	-	-	-
2	Amoxycillin 3x500 mg	-	-	0	3	1 ?2	?3	2	-

No	Nama Antibiotik	Dosis harian: (mg)	Route: (oral, terapi, intravena)	Type terapi: (T, P, U)	Indikasi:	Hari Penggunaan antibiotik (dimulai saat hari pertama)											
						1	2	3	4	5	6	7	8	9	10	11	12
1					Tanggall												
2																	
3																	
Hari	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29

Hari Penggunaan Antibiotik

Note: T: terapi; P: profilaksis; U: unknown; UTI: Urinary Tract Infection

LAMPIRAN PERHITUNGAN DATA

1. Frekuensi Usia

Usia

	Frequency	Percent	Valid Percent	Cumulative Percent
1-11 tahun	4	7.0	7.0	7.0
12-19 tahun	7	12.3	12.3	19.3
Valid 20-60 tahun	38	66.7	66.7	86.0
>60 tahun	8	14.0	14.0	100.0
Total	57	100.0	100.0	

2. Frekuensi Jenis Kelamin

Jenis Kelamin

	Frequency	Percent	Valid Percent	Cumulative Percent
Laki - Laki	40	70.2	70.2	70.2
Valid Perempuan	17	29.8	29.8	100.0
Total	57	100.0	100.0	

3. Frekuensi Kelas Bangsal

Kelas

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Kelas I	14	24.6	24.6	24.6
Kelas II	13	22.8	22.8	47.4
Kelas III	30	52.6	52.6	100.0
Total	57	100.0	100.0	

4. Hasil Uji Wilcoxon Total Dosis

Ranks

	N	Mean Rank	Sum of Ranks
Total Dosis Diresepkan	Negative Ranks	5 ^a	32.70
Dokter - Total Dosis	Positive Ranks	79 ^b	43.12
Diterima Pasien	Ties	74 ^c	
	Total	158	

- a. Total Dosis Diresepkan Dokter < Total Dosis Diterima Pasien
- b. Total Dosis Diresepkan Dokter > Total Dosis Diterima Pasien
- c. Total Dosis Diresepkan Dokter = Total Dosis Diterima Pasien

Test Statistics^a

	Total Dosis Diresepkan Dokter - Total Dosis Diterima Pasien
Z	-7.251 ^b
Asymp. Sig. (2-tailed)	.000

- a. Wilcoxon Signed Ranks Test
- b. Based on negative ranks.

5. Hasil Uji Wilcoxon Dosis *Cefazolin*

Ranks

	N	Mean Rank	Sum of Ranks
Total Dosis Cefazoline Min -	Negative Ranks	32 ^a	18.25
Total Dosis Cefazolin Max	Positive Ranks	3 ^b	15.33
	Ties	26 ^c	
	Total	61	

- a. Total Dosis Cefazoline Min < Total Dosis Cefazolin Max
- b. Total Dosis Cefazoline Min > Total Dosis Cefazolin Max
- c. Total Dosis Cefazoline Min = Total Dosis Cefazolin Max

Test Statistics^a

Total Dosis Cefazoline Min - Total Dosis Cefazolin Max	
Z	-4.415 ^b
Asymp. Sig. (2-tailed)	.000

a. Wilcoxon Signed Ranks Test

b. Based on positive ranks.

6. Hasil Uji Wilcoxon Dosis *Ceftriaxone***Ranks**

	N	Mean Rank	Sum of Ranks
Negative Ranks	23 ^a	14.52	334.00
Total Dosis Ceftriaxone Min	Positive Ranks	3 ^b	5.67
- Total Dosis Ceftriaxon Max	Ties	39 ^c	
	Total	65	

a. Total Dosis Ceftriaxone Min < Total Dosis Ceftriaxon Max

b. Total Dosis Ceftriaxone Min > Total Dosis Ceftriaxon Max

c. Total Dosis Ceftriaxone Min = Total Dosis Ceftriaxon Max

Test Statistics^a

Total Dosis Ceftriaxone Min - Total Dosis Ceftriaxon Max	
Z	-4.046 ^b
Asymp. Sig. (2-tailed)	.000

a. Wilcoxon Signed Ranks Test

b. Based on positive ranks.

7. Hasil Uji *dependent t-test* Dosis Cefadroxil

Paired Samples Test							t	df	Sig. (2-tailed)			
	Paired Differences				95% Confidence Interval of the Difference							
	Mean	Std. Deviation	Std. Error Mean		Lower	Upper						
Pair 1 Total Dosis Cefadroxil Max - Total Dosis Cefadroxil Min	.65000	.62583	.19791	.20231	1.09769	3.284	9	.009				

8. Hasil Uji *dependent t-test* Dosis Cefixime

Paired Samples Test							t	df	Sig. (2-tailed)			
	Paired Differences				95% Confidence Interval of the Difference							
	Mean	Std. Deviation	Std. Error Mean		Lower	Upper						
Pair 1 Cefixime_trans_Dokter - Total Dosis Cefixime Min	-.82294	.30946	.15473	-1.31536	-.33052	-5.319	3	.013				

9. Hasil Uji *dependent t-test* Dosis Cefepime

		Paired Differences				t	df	Sig. (2-tailed)		
		Mean	Std. Deviation	Std. Error Mean	95% Confidence Interval of the Difference					
					Lower	Upper				
Pair 1	Total Dosis Cefepime Max - Total Dosis Cefepime Min	.33333	2.08167	1.20185	-4.83781	5.50448	.277	2	.808	

10. Hasil Uji *dependent t-test* Dosis Gentamicin

		Paired Differences				t	df	Sig. (2-tailed)		
		Mean	Std. Deviation	Std. Error Mean	95% Confidence Interval of the Difference					
					Lower	Upper				
Pair 1	Total Dosis Gentamicin Max - Total Dosis Gentamicin Min	.38667	1.06783	.43594	-.73396	1.50729	.887	5	.416	

11. Hasil Uji dependent t-test Dosis Amikacin

Paired Samples Test						
	Paired Differences			95% Confidence Interval of the Difference		
	Mean	Std. Deviation	Std. Error Mean	Lower	Upper	Sig. (2-tailed)
Pair 1	Total Dosis Amikacin Max - Total Dosis Amikacin Min	1.70000	6.78823	4.80000	-59.28978	62.68978 .354 1 .783

12. Hasil Uji *Wilcoxon* Total DDD/100 pasien hari

		Ranks		
		N	Mean Rank	Sum of Ranks
Total DDD/100 Pasien Hari Diresepkan - Total DDD/100 Pasien Hari Diterima	Negative Ranks	11 ^a	40.86	449.50
	Positive Ranks	79 ^b	46.15	3645.50
	Ties	67 ^c		
	Total	157		

- a. Total DDD/100 Pasien Hari Diresepkan < Total DDD/100 Pasien Hari Diterima
- b. Total DDD/100 Pasien Hari Diresepkan > Total DDD/100 Pasien Hari Diterima
- c. Total DDD/100 Pasien Hari Diresepkan = Total DDD/100 Pasien Hari Diterima

Test Statistics^a

	Total DDD/100 Pasien Hari Diresepkan - Total DDD/100 Pasien Hari Diterima
Z	-6.433 ^b
Asymp. Sig. (2-tailed)	.000

- a. Wilcoxon Signed Ranks Test
- b. Based on negative ranks.

13. Hasil Uji *Wilcoxon* DDD/100 pasien hari *Cefazolin*

		Ranks		
		N	Mean Rank	Sum of Ranks
cefazolin diresepkan DDD/100 pasien hari - cefazolin diterima DDD/100 pasien hari	Negative Ranks	3 ^a	15.33	46.00
	Positive Ranks	32 ^b	18.25	584.00
	Ties	26 ^c		
	Total	61		

- a. cefazolin diresepkan DDD/100 pasien hari < cefazolin diterima DDD/100 pasien hari
- b. cefazolin diresepkan DDD/100 pasien hari > cefazolin diterima DDD/100 pasien hari
- c. cefazolin diresepkan DDD/100 pasien hari = cefazolin diterima DDD/100 pasien hari

Test Statistics^a

	cefazolin diresepkan DDD/100 pasien hari - cefazolin diterima DDD/100 pasien hari
Z	-4.412 ^b
Asymp. Sig. (2-tailed)	.000

a. Wilcoxon Signed Ranks Test

b. Based on negative ranks.

14. Hasil Uji Wilcoxon DDD/100 pasien hari Ceftriaxone

Ranks

		N	Mean Rank	Sum of Ranks
ceftriaxone diresepkan	Negative Ranks	3 ^a	6.50	19.50
DDD/100 pasien hari -	Positive Ranks	23 ^b	14.41	331.50
ceftriaxone diterima	Ties	39 ^c		
DDD/100 pasien hari	Total	65		

a. ceftriaxone diresepkan DDD/100 pasien hari < ceftriaxone diterima DDD/100 pasien hari

b. ceftriaxone diresepkan DDD/100 pasien hari > ceftriaxone diterima DDD/100 pasien hari

c. ceftriaxone diresepkan DDD/100 pasien hari = ceftriaxone diterima DDD/100 pasien hari

Test Statistics^a

	ceftriaxone diresepkan DDD/100 pasien hari - ceftriaxone diterima DDD/100 pasien hari
Z	-3.974 ^b
Asymp. Sig. (2-tailed)	.000

a. Wilcoxon Signed Ranks Test

b. Based on negative ranks.

15. Hasil Uji *t dependent test* DDD/100 pasien hari *Cefadroxil*

Paired Samples Test

	Paired Differences					t	df	Sig. (2-tailed)			
	Mean	Std. Deviation	Std. Error Mean	95% Confidence Interval of the Difference							
				Lower	Upper						
Pair 1 cefadroxil diterima DDD/100 pasien hari - cefadroxil diresepkan DDD/100 pasien hari	-.05712	.05499	.01739	-.09646	-.01778	-3.284	9	.009			

16. Hasil Uji *t dependent test* DDD/100 pasien hari *Cefixime*

Paired Samples Test

	Paired Differences					t	df	Sig. (2-tailed)			
	Mean	Std. Deviation	Std. Error Mean	95% Confidence Interval of the Difference							
				Lower	Upper						
Pair 1 cefixime diterima DDD/100 pasien hari - CEFIXIME_trans_DDD100Dokt er	.94184	.26611	.13305	.51840	1.36528	7.079	3	.006			

17. Hasil Uji *t dependent test* DDD/100 pasien hari Cefepime

Paired Samples Test						
			Paired Differences		Sig. (2-tailed)	
			Mean	Std. Deviation	Std. Error Mean	95% Confidence Interval of the Difference
Pair 1	cefepime diterima DDD/100 pasien hari - cefepime diresepkan DDD/100 pasien hari	-.02929	.18292	.10561	-.48370	.42512

18. Hasil Uji *t dependent test* DDD/100 pasien hari Gentamicin

Paired Samples Test						
			Paired Differences		Sig. (2-tailed)	
			Mean	Std. Deviation	Std. Error Mean	95% Confidence Interval of the Difference
Pair 1	gentamicin diterima DDD/100 pasien hari - gentamicin diresepkan DDD/100 pasien hari	-.28315	.78195	.31923	-1.10376	.53746

19. Hasil Uji *t dependent test* DDD/100 pasien hari Amikacin

Paired Samples Test

	Paired Differences					t	df	Sig. (2-tailed)			
	Mean	Std. Deviation	Std. Error Mean	95% Confidence Interval of the Difference							
				Lower	Upper						
Pair 1 amikacin diterima DDD/100 pasien hari - amikacin diresepkan DDD/100 pasien hari	-.29877	1.19301	.84359	-11.01754	10.42000	-.354	1	.783			

20. Hasil Uji *t dependent test* Total Dosis Tujuan Terapi Terapeutik

Paired Samples Test

	Paired Differences					t	df	Sig. (2-tailed)			
	Mean	Std. Deviation	Std. Error Mean	95% Confidence Interval of the Difference							
				Lower	Upper						
Pair 1 trans_totaldosis_terapeutik_per awat - trans_totaldosis_terapeutik_do kter	-.05072	.73530	.14420	-.34772	.24627	-.352	25	.728			

21. Hasil Uji *Wilcoxon Total Dosis Tujuan Terapi Profilaksis*

Ranks

	N	Mean Rank	Sum of Ranks
Total Dosis Profilaksis	Negative Ranks	12 ^a	15.38
Diresepkan - Total Dosis	Positive Ranks	19 ^b	16.39
Profilaksis Diterima	Ties	24 ^c	
	Total	55	

- a. Total Dosis Profilaksis Diresepkan < Total Dosis Profilaksis Diterima
- b. Total Dosis Profilaksis Diresepkan > Total Dosis Profilaksis Diterima
- c. Total Dosis Profilaksis Diresepkan = Total Dosis Profilaksis Diterima

Test Statistics^a

Total Dosis Profilaksis	
Diresepkan -	
Total Dosis	
Profilaksis	
Diterima	
Z	-1.274 ^b
Asymp. Sig. (2-tailed)	.203

- a. Wilcoxon Signed Ranks Test
- b. Based on negative ranks.

22. Hasil Uji *Wilcoxon Total Dosis Tujuan Terapi Tidak Diketahui (Unknown)*

Ranks

	N	Mean Rank	Sum of Ranks
Total Dosis Unknown	Negative Ranks	0 ^a	.00
Diresepkan - Total Dosis	Positive Ranks	70 ^b	35.50
Unknown Diterima	Ties	2 ^c	
	Total	72	

- a. Total Dosis Unknown Diresepkan < Total Dosis Unknown Diterima
- b. Total Dosis Unknown Diresepkan > Total Dosis Unknown Diterima
- c. Total Dosis Unknown Diresepkan = Total Dosis Unknown Diterima

Test Statistics ^a	
	Total Dosis Unknown Diresepkan - Total Dosis Unknown Diterima
Z	-7.282 ^b
Asymp. Sig. (2-tailed)	.000

a. Wilcoxon Signed Ranks Test

b. Based on negative ranks.

23. Hasil Uji Wilcoxon Total DDD/100 pasien hari Tujuan Terapi Profilaksis

Ranks

		N	Mean Rank	Sum of Ranks
Total DDD100 pasien hari	Negative Ranks	0 ^a	.00	.00
Profilaksis Diresepkan -	Positive Ranks	23 ^b	12.00	276.00
Total DDD100 pasien hari	Ties	32 ^c		
Profilaksis Diterima	Total	55		

a. Total DDD100 pasien hari Profilaksis Diresepkan < Total DDD100 pasien hari Profilaksis Diterima

b. Total DDD100 pasien hari Profilaksis Diresepkan > Total DDD100 pasien hari Profilaksis Diterima

c. Total DDD100 pasien hari Profilaksis Diresepkan = Total DDD100 pasien hari Profilaksis Diterima

Test Statistics^a

Test Statistics ^a	
	Total DDD100 pasien hari Profilaksis Diresepkan - Total DDD100 pasien hari Profilaksis Diterima
Z	-4.270 ^b
Asymp. Sig. (2-tailed)	.000

- a. Wilcoxon Signed Ranks Test
 b. Based on negative ranks.

24. Hasil Uji *Wilcoxon Total DDD/100 pasien hari Tujuan Terapi Unknown*

Ranks

		N	Mean Rank	Sum of Ranks
Total DDD100pasien hari	Negative Ranks	0 ^a	.00	.00
Unknown Diresepkan - Total	Positive Ranks	70 ^b	35.50	2485.00
DDD100 pasien hari	Ties	2 ^c		
Unknown Diterima	Total	72		

- a. Total DDD100pasien hari Unknown Diresepkan < Total DDD100 pasien hari Unknown Diterima
 b. Total DDD100pasien hari Unknown Diresepkan > Total DDD100 pasien hari Unknown Diterima
 c. Total DDD100pasien hari Unknown Diresepkan = Total DDD100 pasien hari Unknown Diterima

Test Statistics^a

	Total DDD100pasien hari Unknown Diresepkan - Total DDD100 pasien hari Unknown Diterima
Z	-7.276 ^b
Asymp. Sig. (2-tailed)	.000

- a. Wilcoxon Signed Ranks Test
 b. Based on negative ranks.

25. Hasil Uji *t dependent test* Total DDD/100 pasien hari Tujuan Terapi Terapeutik

Paired Samples Test

	Paired Differences					t	df	Sig. (2-tailed)			
	Mean	Std. Deviation	Std. Error Mean	95% Confidence Interval of the Difference							
				Lower	Upper						
Pair 1 trans_totalDDDterapi_perawat - trans_totalDDDterapi_dokter	-.12088	.13661	.02679	-.17605	-.06570	-4.512	25	.000			

- a. Wilcoxon Signed Ranks Test
 b. Based on negative ranks.

24. Hasil Uji *Wilcoxon Total DDD/100 pasien hari Tujuan Terapi Unknown*

Ranks

		N	Mean Rank	Sum of Ranks
Total DDD100pasien hari	Negative Ranks	0 ^a	.00	.00
Unknown Diresepkan - Total	Positive Ranks	70 ^b	35.50	2485.00
DDD100 pasien hari	Ties	2 ^c		
Unknown Diterima	Total	72		

- a. Total DDD100pasien hari Unknown Diresepkan < Total DDD100 pasien hari Unknown Diterima
 b. Total DDD100pasien hari Unknown Diresepkan > Total DDD100 pasien hari Unknown Diterima
 c. Total DDD100pasien hari Unknown Diresepkan = Total DDD100 pasien hari Unknown Diterima

Test Statistics^a

	Total DDD100pasien hari Unknown Diresepkan - Total DDD100 pasien hari Unknown Diterima
Z	-7.276 ^b
Asymp. Sig. (2-tailed)	.000

- a. Wilcoxon Signed Ranks Test
 b. Based on negative ranks.

26. Hasil Uji *Wilcoxon Ceftriaxone Diresepkan Dokter dan Diterima Pasien Tujuan Terapi Profilaksis*

		Ranks	N	Mean Rank	Sum of Ranks
Dosis_CeftriaxoneP_Dokter	Negative Ranks	0 ^a	.00	.00	
	Positive Ranks				
Dosis_CeftriaxoneP_Perawat	Ties	18 ^c	2.00	6.00	
	Total				

- a. Dosis_CeftriaxoneP_Dokter < Dosis_CeftriaxoneP_Perawat
- b. Dosis_CeftriaxoneP_Dokter > Dosis_CeftriaxoneP_Perawat
- c. Dosis_CeftriaxoneP_Dokter = Dosis_CeftriaxoneP_Perawat

Test Statistics ^a	
	Dosis_CeftriaxoneP_Dokter - Dosis_CeftriaxoneP_Perawat
Z	-1.604 ^b
Asymp. Sig. (2-tailed)	.109

- a. Wilcoxon Signed Ranks Test
- b. Based on negative ranks.

27. Hasil Uji *t dependent test* Ceftriaxone Diresepkan Dokter dan Diterima Pasien Tujuan Terapi Terapeutik
Paired Samples Test

	Paired Differences					t	df	Sig. (2-tailed)			
	Mean	Std. Deviation	Std. Error Mean	95% Confidence Interval of the Difference							
				Lower	Upper						
Pair 1 Dosis_CeftriaxoneT_Perawat - trans_CeftriaxoneT_Dokter	5.40184	4.78670	1.32759	2.50926	8.29441	4.069	12	.002			

28. Hasil Uji *t dependent test* Ceftriaxone Diresepkan Dokter dan Diterima Pasien Tujuan Terapi *Unknown*
Paired Samples Test

	Paired Differences					t	df	Sig. (2-tailed)			
	Mean	Std. Deviation	Std. Error Mean	95% Confidence Interval of the Difference							
				Lower	Upper						
Pair 1 trans_CeftriaxoneU_Perawat - trans_CeftriaxoneU_Dokter	-.16686	.11409	.02156	-.21110	-.12262	-7.739	27	.000			

29. Hasil Uji *Wilcoxon* Cefazolin Diresepkan Dokter dan Diterima Pasien Tujuan Terapi Profilaksis

Ranks

	N	Mean Rank	Sum of Ranks
Negative Ranks	0 ^a	.00	.00
Dosis_CefazolineP_Dokter - Dosis_CefazolineP_Perawat	12 ^b	6.50	78.00
Ties	21 ^c		
Total	33		

- a. Dosis_CefazolineP_Dokter < Dosis_CefazolineP_Perawat
- b. Dosis_CefazolineP_Dokter > Dosis_CefazolineP_Perawat
- c. Dosis_CefazolineP_Dokter = Dosis_CefazolineP_Perawat

Test Statistics^a

	Dosis_Cefazolin eP_Dokter - Dosis_Cefazolin eP_Perawat
Z	-3.114 ^b
Asymp. Sig. (2-tailed)	.002

- a. Wilcoxon Signed Ranks Test
- b. Based on negative ranks.

30. Hasil Uji *t dependent test* Cefazolin Diresepkan Dokter dan Diterima Pasien Tujuan Terapi Terapeutik

Paired Samples Test

		Paired Differences				Sig. (2-tailed)	
		Mean	Std. Deviation	Std. Error Mean	95% Confidence Interval of the Difference		
Pair 1	Dosis_CefazolineT_Perawat -	-5.75000	2.06155	1.03078	Lower	Upper	
	Dosis_CefazolineT_Dokter				-9.03039	-2.46961	-5.578

31. Hasil Uji *t dependent test* Cefadroxil Diresepkan Dokter dan Diterima Pasien Tujuan Terapi Terapeutik

Paired Samples Test

		Paired Differences				Sig. (2-tailed)	
		Mean	Std. Deviation	Std. Error Mean	95% Confidence Interval of the Difference		
Pair 1	Dosis_CefadroxilT_Perawat -	-60000	.65192	.29155	Lower	Upper	
	Dosis_CefadroxilT_Dokter				-1.40947	.20947	-2.058

32. Hasil Uji Wilcoxon Cefadroxil Diresepkan Dokter dan Diterima Pasien Tujuan Terapi Unknown

Ranks

	N	Mean Rank	Sum of Ranks
Negative Ranks	0 ^a	.00	.00
Dosis_CefadroxilU_Dokter - Dosis_CefadroxilU_Perawat	4 ^b	2.50	10.00
Ties	1 ^c		
Total	5		

- a. Dosis_CefadroxilU_Dokter < Dosis_CefadroxilU_Perawat
- b. Dosis_CefadroxilU_Dokter > Dosis_CefadroxilU_Perawat
- c. Dosis_CefadroxilU_Dokter = Dosis_CefadroxilU_Perawat

Test Statistics^a

	Dosis_CefadroxilU_Dokter - Dosis_CefadroxilU_Perawat
Z	-1.890 ^b
Asymp. Sig. (2-tailed)	.059

- a. Wilcoxon Signed Ranks Test
- b. Based on negative ranks.

33. Hasil Uji *t dependent test* Cefepime Diresepkan Dokter dan Diterima Pasien Tujuan Terapi Terapeutik
Paired Samples Test

	Paired Differences					t	df	Sig. (2-tailed)			
	Mean	Std. Deviation	Std. Error Mean	95% Confidence Interval of the Difference							
				Lower	Upper						
Pair 1 Dosis_CefepimeT_Perawat - Dosis_CefepimeT_Dokter	-.33333	2.08167	1.20185	-5.50448	4.83781	-.277	2	.808			

34. Hasil Uji *t dependent test* Gentamicin Diresepkan Dokter dan Diterima Pasien Tujuan Terapi *Unknown*
Paired Samples Test

	Paired Differences					t	df	Sig. (2-tailed)			
	Mean	Std. Deviation	Std. Error Mean	95% Confidence Interval of the Difference							
				Lower	Upper						
Pair 1 Resep_GentamicinU_perawat - Reep_GentamicinU_dokter	-.36000	.29826	.12176	-.67301	-.04699	-2.957	5	.032			

35. Hasil Uji *t dependent test* Cefixime Diresepkan Dokter dan Diterima Pasien Tujuan Terapi *Unknown Paired Samples Test*

BIODATA MAHASISWA

Identitas

Nama : Anangga Haryanto
NIM : 22010111130106
Tempat/tanggal lahir : Jakarta/6 Mei 1993
Jenis Kelamin : Laki- laki
Alamat : Jalan Malaka Hijau VIII/14, Pondok Kopi, Jakarta Timur
Nomor telepon : 0812 270 03044
Email : aloysiusanangga@gmail.com

Riwayat Pendidikan Formal

1. SD : SD Starada Van Lith II Lulus tahun : 2005
2. SMP : SMPK 5 BPK PENABUR Lulus tahun : 2008
3. SMA : SMAK 7 BPK PENABUR Lulus tahun : 2011
4. FK UNDIP, masuk tahun : 2011

Keanggotaan Organisasi

1. Staf EKUIN HIMAKU Tahun 2012-2013
2. Staf Ahli EKUIN HIMAKU Tahun 2013-2014
3. Anggota PRMK FK UNDIP 2012-2013
4. Divisi Olahraga dan External PRMK FK UNDIP 2013-2014
5. Ketua PRMK FK Undip 2014-2015
6. Bendahara Scientific Fair 2013-2014
7. Sie Publikasi Dokumentasi Kemah Bakti 2014-2015